STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	155292	A. BUILDING _____ B. WING _____	C 11/14/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AMERICAN VILLAGE	**2026 E 54TH ST INDIANAPOLIS, IN 46220**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS	F 000		

This visit was for the Investigation of Complaint IN00139191. This visit was done in conjunction with a Recertification and State Licensure Survey.

Complaint IN00139191- Substantiated. No deficiency related to the allegation(s) is cited.

Survey Dates: November 6, 7, 8, 12, 13, & 14, 2013

Facility number: 000189
Provider number: 155292
AIM number: 100267330

Survey team:
Lora Brettnacher, RN-TC
Jeanna King, RN
Karen Hartman, RN

Census bed type:
SNF/NF: 141
Residential: 72
Total: 213

Census payor type:
Medicare: 30
Medicaid: 76
Other: 107
Total: 213

Residential sample: 7

American Village was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2, in regard to the Investigation of Complaint IN00139191 and in regard to the Recertification and State Licensure Survey.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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F 000	Continued From page 1 Quality review completed 11/15/2013 by Brenda Marshall Nunan, R.N.	F 000		